Turning Point:

Collaborating for a New Century in Public Health

Interim Report

February 1999

Turning Point Interim Report: Table of Contents

Letter from the Chairman of the *Turning Point* Steering Committee

Dear Fellow Virginian:

The Virginia Department of Health has partnered with the Virginia Hospital & Healthcare Association to examining the future roles and responsibilities of public health. This strategic planning effort is supported by the Robert Wood Johnson and W.K. Kellogg foundations. Our year one interim report showcases the work of Virginians, statewide, who have been critically examining ways to improve the health of their communities.

A crucial ingredient in improving the health status of Virginians is positioning public health agencies and their partners to better respond to community health needs. *Turning Point* has given us a unique opportunity to do that. It allows Virginia's communities to share their perceptions about health status and critical health needs. By combining that feedback with statistical health data, information about marketplace changes, and available community resources, we can forge a new course for public health. Our vision is simple but powerful: to optimize the health of all Virginians.

Thank you for taking the time to participate in *Turning Point* and for your interest and input toward making Virginia a healthier place to live. We are interested in your thoughts concerning the findings of this interim report. We look forward to working with you 1999 and into the next century as we work to transform and strengthen public health, and improve the health of every Virginian.

Sincerely,

Lester "Skip" Lamb
Chairman, Virginia Board of Health
and Virginia *Turning Point* Steering Committee

Executive Summary

All Virginians seek a healthy place to live, work and raise a family. And for most, that goal is being met. The Reliastar Corporation in its 1998 annual state health rankings named Virginia the sixth healthiest place to live in the United States. Some areas of the Commonwealth exhibit few incidents of communicable diseases, a healthy environment, and a preponderance of citizens who are making informed choices about their health. Unfortunately, that is not the case for everyone in every corner of Virginia.

Although there have been great health successes this century – notably, improved sanitation practices, safer drinking water, and the eradication of several life-threatening diseases -- Virginians continue to fall short of the national average in terms of decreasing the burden of chronic disease, and continues to exceed the national average of age-adjusted deaths in cancer, heart disease and stroke. A critical question involves how public health agencies can affect this troubling trend.

Our current health care environment is ripe for change:

- There are market-driven changes in health care that affect its delivery and how public health agencies respond to those changes.
- Government is examining its role and impact on the lives of individuals.
- Information and technology are creating savvy consumers that expect accountability.
- Policy-makers at the federal, state, and local level are advocating for more intersectoral collaboration.

Public agencies can certainly improve the ways they work with each other and with private sector partners if improvements in health status are to be sustained over time. organizations actively review their vision, mission, and critical roles and responsibilities. The Virginia Department of Health and other public health partners are essential to ensuring that Virginia has a strong capacity to respond to changing health needs.

Turning Point: Collaborating for a New Century in Public Health presents a unique opportunity for improving the health of Virginians. This W.K. Kellogg and Robert Wood Johnson foundation supported initiative works to strengthen and transform public health into the next century. Four funded initiatives currently underway:

- The state partnership between the Virginia Hospital & Healthcare Association and the Virginia Department of Health. The Steering Committee also involves leaders from 25 private and public sector organizations;
- The New Century Council (A Roanoke area partnership of 11 cities and counties);
- The City of Norfolk; and,

- Prince William County.

All four of these partnerships are working toward improving the health of Virginia's communities. The approach of each partnership is unique; however, common themes and information are shared among all Virginia *Turning Point* initiatives. The focus of this interim report is on the statewide partnership.

First-Year Activities:

Activities in the first year of the grant initiative focused on obtaining community feedback on the future roles and responsibilities of public health. This feedback became the basis for qualitative research on future policy and program design. *Turning Point* engaged in a variety of activities to accomplish its goal. The development of a website, group presentations, a statewide telephone survey, key informant discussion groups and regional forums were the means to begin to learn about community health needs from hundreds of Virginians.

Turning Point received feedback from citizens on a host of health concerns and issues. Those most frequently mentioned were:

1. The need for health education, communication and promotion activities to ensure that individuals and families can make informed decisions regarding wellness and lifestyle choices that affect their health.
2. Ensuring access to quality health care services for all individuals regardless of their ability to pay.
    - Participants felt the appropriate role of taxpayer funded public health services were not necessarily to provide care but, rather, to assure that care was available to everyone.
3. Communicable disease control issues. The purposeful surveillance, investigation, and treatment of communicable diseases continue to play a central role in public health activities.
4. Environmental health concerns, including both traditional and emerging roles for public health.
    - Virginians believe ensuring safe drinking water is an essential public health service but also recognize pollution and even, in some areas, traffic as factors that have a dramatically negative impact on health.
5. Accessibility and timeliness of health information

Reaching out to the community to gain insights into health needs is central to the *Turning Point* mission. In the coming year, information gained from this public outreach, coupled with current statistical data, will be used by workgroups which will be established to address the five critical health issues listed above in greater detail. These workgroups will develop options and recommendations for the Steering

Committee and, ultimately, the Governor and General Assembly, and will provide the Virginia Department of Health with elements for its strategic plan.

It is also clear from research on public health activities that Virginians know very little of the myriad of programs and services provided by their local health departments. *Turning Point* will seek to inform citizens, civic leaders and decision-makers about the importance of a strong public health system. Roundtable discussions and a Legislator's Guide the Virginia Department of Health will be developed to raise awareness. Virginia also will participate in a public relations campaign to will raise awareness of the ways in which public health protects citizens from food borne outbreaks.

Turning Point also recognizes that a thoughtful analysis of available resources is crucial to discussions about the future roles and responsibilities of public health. This analysis must include all resources: financial and personnel, public and private. Once *Turning Point* has concluded its work, the Virginia Department of Health will also need to complete a comprehensive review of its statutory authority to determine if current laws align with potential future roles and responsibilities.

In addition, *Turning Point* will continue working on an internal analysis aimed at answering the question: How effectively does the Virginia Department of Health perform the core public health functions of assessment, policy development and assurance?

The first year of *Turning Point* has been full of opportunities to educate Virginians on public health activities and receive feedback on the future roles and responsibilities of public health. The second year will focus on analyzing the identified critical issues in greater detail and developing recommendations for our state and local decision-makers to improve the health of Virginia's communities.

A brief overview of the *Turning Point* grant initiative and a listing of current Virginia Department of Health activities and programs can be found in Appendices B and C, respectively.

Introduction

You are feeling "under the weather" – what do you do? Either you work to get better by addressing your ailment on your own, or you go to the doctor. It is extremely important to have competent personal medical care when you and your family need it. What about the health of your *community*? Who takes care of it? What activities go on every day to prevent illness and disease? While you may not think about public health promotion and disease prevention, the community's health is crucial, in terms of your personal health.

There are certain public health activities that are so pervasive that they're invisible. Americans take for granted that we will have safe drinking water and that our children will receive the immunizations they need. We go to restaurants expecting that they will be clean and will practice safe food handling procedures. We know that health information is being collected and analyzed, to spot disease trend or threats to public health. But most of us are unaware of how all of these activities are getting done, and by whom. Few of us question whether these are the right activities to ensure the optimal health of the community, or what the "optimal health of the community" should be. And while we recognize that there are many individuals and organizations involved in these activities, who or what is ultimately responsible for the health of the entire community?

According to the Constitution of Virginia, the government is, or ought to be, instituted for the common benefit, protection and security of the people. However, the government cannot ensure the health of the community. As members of the community, we all share personal responsibility for overall health and well being. Developing policies that acknowledge this shared responsibility has challenged decision-makers and public health professionals for a long time. The questions are difficult and the answers will be as well.

If we all share in personal responsibility for public health – do we know what is required of us? Can we define or quantify the health of our community? Public Health has been defined as:

> "The science and art of preventing disease, prolonging life and promoting health and efficiency through organized community effort for the sanitation of the environment, the control of communicable infections, the education of the individual in personal hygiene, the organization of medical and nursing services for the early diagnosis and preventive treatment of disease, and for the development of the social machinery to insure everyone a standard of living adequate for the maintenance of health, so organizing these benefits as to enable every citizen to realize his birthright of health and longevity."

Dr. C.E.A. Winslow published this definition in 1920 to describe the what and the how of public health. It still rings true today.

Virginia has an opportunity to raise and answer some critical questions related to improving the health of Virginia's communities. That opportunity is called *Turning Point.*

Turning Point: Collaborating for a New Century in Public Health is a program of the W.K. Kellogg and Robert Wood Johnson foundations. The goal of this initiative is to transform and strengthen the public health infrastructure in the United States so that states, local communities, and their public health agencies may respond to the challenge to protect and improve the public's health in the 21st century.

This grant provides support for states and communities to improve the performance of their public health functions through strategic development and implementation processes. Specifically, *Turning Point* works to improve planning to address public health challenges; restructure public health agencies, where appropriate; evaluate the use of technology; analyze the financial and human resources needed; and implement local plans as directed by local and state priorities.

Virginia was fortunate to be one of only fourteen states selected to embark on this exciting journey. Three local partnerships within the state also were funded: the New Century Region (11 cities and counties that surround Roanoke); the City of Norfolk; and Prince William County. Each Virginia *Turning Point* initiative is engaged in strategically analyzing the roles and responsibilities of public health in its communities. *Turning Point* also includes strong linkages to share information among partnerships in an effort to ensure that the lessons learned in local partnerships benefit communities across the Commonwealth.

According to the Washington State Public Health Improvement Process, Americans have realized a 30-year increase in our life expectancy during this century. Twenty-five of those 30 "extra" years can be attributed to public health improvements, such as better sanitation, immunizations and health education. Now that those improvements are in place, how do we continue to better public health?

In analyzing the 10 current leading causes of death, The federal Department of Health and Human Services found that only 10 percent of premature death can be avoided through improved access to medical care. The remaining causes can be attributed to personal risk behaviors such as smoking, diet, sedentary lifestyle (52%) environmental risks (20%) and human biology (18%). Thus, preventive health has the potential to make dramatic inroads by addressing the factors that contribute to premature deaths.

The goal of *Turning Point* is to transform and strengthen public health in Virginia. These efforts improve the state and localities' capacity to respond to the challenge to protect and improve the public's health in the 21st century. The expected outcome of this initiative is a strategic plan. This plan will redefine the roles of the public health system and strengthen the ongoing partnership between the public and private sector for improving the public's health. Ultimately, *Turning Point* will propose a working document that will provide viable and concrete courses of action for the modernization and pursuit of the public health mission.

Successful modernization of the public health system in Virginia will demand a rethinking of existing practices and structures, as well as new ideas and approaches. It will require new skills for leaders and practitioners in public health and medical care as well as other relevant sectors, including providers, purchasers, payers and consumers. Without mechanisms for these key public and private sector players to come together around a common agenda, our health care, environmental protection, and overall public health systems will fall short of meeting the health needs of the entire community.

Virginia's *Turning Point* initiative developed from a public-private partnership between the Virginia Hospital & Healthcare Association and the Virginia Department of Health. These two organizations submitted a joint grant application and are jointly responsible for the activities of this grant initiative. While this arrangement provides a unique support system, these two entities are not alone in this endeavor. There is a Steering Committee, made up of statewide organizations that contribute ideas, interest, and knowledge about improving the health of the community. Members include:

- Laurens Sartoris: The Virginia Hospital & Healthcare Association
- E. Anne Peterson, MD, MPH: The Virginia Department of Health
- Lester "Skip" Lamb: The Virginia Board of Health
- Sandra Bowen: The Virginia Chamber of Commerce
- Cora Gray: Virginia Public Health Association
- Ken Tuck, MD: Medical Society of Virginia
- Lynn Warren: Virginia Association of Health Plans
- David Johnson: Virginia Department of Environmental Quality
- Richard Kellogg: Virginia Department of Mental Health Mental Retardation and Substance Abuse Services
- Dennis Smith: Virginia Department of Medical Assistance Services
- Pat Finnerty: Joint Commission on Health Care
- Deborah Oswalt: Virginia Health Care Foundation
- Cessar Scott: Baptist General Convention of Virginia
- Jeff Spence: National Conference for Community and Justice (formerly the Conference of Christians and Jews)

- Ron Carlee: Virginia Association of Local Human Services Officials
- Bill Lukhard: United Way of Virginia
- Robert Reynolds, MD, DrPH: University of Virginia Health Sciences Center
- Percy Wootton, MD: American Medical Association
- Robert Glenn, Jr., Jonathan Katz, Valerie Stallings, MD, MPH, and Shirley Tyree: Representatives from the three local *Turning Point* partnership initiatives.

Turning Point has tapped the talent represented in Steering Committee member organizations, including local and state employees of the Virginia Department of Health and other interested groups, to provide representatives to serve on workgroups. These groups have been established to tackle individual issues or work on *Turning Point* projects. There are two co-liaisons representing the two grantees and a coordinator who works on the initiative on a day-to-day basis.

Virginia's Health Status

Without good health, what else is really important? It is clear that Americans value their health. Individuals trying to improve their health spend billions of dollars each year in this country. A critical question to ask is what are we getting for all of those dollars? How healthy are we, really? There are many ways to look at the relative health of Virginia's population, and each provides a different perspective. How we use this information to achieve needed improvements to health is paramount to *Turning Point.* An assessment of Virginians' health status certainly influences the future roles and responsibilities of public health.

Since 1989, the Reliastar Corporation, a Minneapolis-based insurance company, has published an annual assessment of the relative health of each state. Their report provides a comprehensive view of the health of the American population. This snapshot of each state has established a baseline for monitoring changes in health status over time. Individual state rankings are based on a holistic view of health outlined by the World Health Organization. Health is defined as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

Reliastar bases its evaluation on lifestyle, access, occupational safety and disability, disease, and mortality.

Lifestyle	• Prevalence of smoking • Motor vehicle deaths • Violent crime • Risk of heart disease • High school graduation rate
Access	• Unemployment • Adequacy of prenatal care • Lack of access to primary care • Support for public health care
Occupational Safety and Disability	• Occupational fatalities • Limited activity days
Disease	• Heart disease • Cancer cases • Infectious disease
Mortality	• Total mortality • Infant mortality • Premature death

According to Reliastar, in 1997, Virginia moved solidly into the top ten healthiest states with an overall rank of sixth. Their decision was based on a decrease in prevalence of smoking from 25.2 to 22.0 percent of the population, fewer motor vehicle deaths, greater access to primary care, and the amount of activity days experienced in the Commonwealth. Since 1990, Virginia has inched its way up the rankings from 16th, making large improvements in the decreased prevalence of smoking and occupational fatalities, and meeting national rates of improvement in other categories.

Information related to the leading causes of death in Virginia certainly corresponds with nationwide averages. It is clear that lifestyle factors play a major role in premature deaths. Sedentary lifestyles, poor diets, tobacco and alcohol are major contributors to premature death. The following table illustrates how comparable Virginia is with the rest of the nation, in terms of leading causes of death.

Virginia	**Nationwide**
Diseases of the Heart	Heart Disease
Malignant Neoplasms (Cancer)	Cancer
Cerebrovascular Disease	Cerebrovascular Disease
Chronic Obstructive Pulmonary Disease	Accidents
Unintentional Injury	Chronic Pulmonary Disease
Pneumonia and Influenza	Pneumonia and Influenza

This information was obtained from the 1996 Virginia Health Statistics report and the U.S. Department of Health and Human Services. Accurate, accessible health data is critical to making sound decisions and developing effective programs to improve health status.

Of particular concern is a finding of the leading hospitalizations for Virginia's youth. The relative health of our children is directly linked to the future health of our population. The primary reasons for hospitalization for Virginia's 10-14 year-old population are depression, unintentional injury and asthma. Among the state's teenagers, the list is the same, with the addition of delivery (childbirth) as the number one reason for hospitalization.

In Virginia, key analytical reports have been developed that track the health of the population. The Institute of Medicine's 1988 report, *The Future of Public Health*, identified assessment, policy development and assurance as the core functions of public heath agencies. The fulfillment of these responsibilities is critical if we are to successfully promote conditions in which citizens of Virginia can be healthy.

The Virginia Department of Health created the *Healthy Virginia 2000* report to provide an analysis of health status and health risk indicators. Since tracking over 300

Healthy People 2000 goals was unrealistic, Virginia chose a cohort of 30 objectives to follow. They are grouped under three separate priority goals:

- Improve pregnancy outcomes
- Decrease the burden of chronic disease
- Protect Virginians from communicable diseases and environmental health hazards

Overall Virginia is doing fairly well in meeting its goals for improved pregnancy outcomes and protection from communicable diseases and environmental health hazards. However, there continue to be significant challenges to consider based on teen pregnancy rates. In fact, just over half of the Commonwealth's health districts currently meet the Virginia 2000 Objective for pregnancy rates of females aged 15 – 17. Only four of the 35 health districts currently achieve the *Virginia 2000* objective for the percentage for non-marital births.

Virginia falls short of its goals relative to decreasing the burden of chronic disease. Our heart disease, stroke, and cancer rates lag behind the improvements made nationwide in these areas. None of the state's health districts have achieved the set goal for stroke age-adjusted death rates and only two health districts fall below the goal for the coronary heart disease age-adjusted death rate. Clearly we have a long way to go to reach our goals aimed at reducing the burden of chronic disease.

Likewise, the Virginia Hospital & Healthcare Association (VHHA) completed a comprehensive analysis of the health of every Virginia city and county. Their approach focused on a broad definition of health and included components such as crime, median household income and education levels. When the Commonwealth was analyzed, the results show relative health status is very diverse. There are wide regional fluctuations in health indicators defined by VHHA. In many cases the counties surrounding urban city areas have dramatically different, and, in the vast majority of cases, much better health indicator values. This result indicates distress in cities alongside relative suburban well being.

Virginia is fortunate that we no longer face great epidemics, such as polio or small pox. However, we must be vigilant to ensure that disease outbreaks resulting from contaminated water and foods are kept in check. While there are antibiotics, insulin, intensive care units and surgical procedures to address the *acute* health needs of the population, Virginia has seen that the root causes of poor health are *chronic* conditions that are largely related to such lifestyle issues as poor nutrition, sedentary living and violence.

VHHA believes that a healthy community manages its growth and demand on services, maintains or improves its environment, reduces poverty or dependence on public assistance and provide for futures generations through education, job creation and healthy lifestyles. The complexity of these missions requires the coordinated and

ongoing energy and efforts of local government, health care organizations and lay groups. There are no quick fixes.

According to VHHA's analysis, poor outcomes in one group of indicators drive outcomes in another. Education level influences unemployment, per capita income and access to care. Those without housing have little time to worry about their children's immunizations or school attendance schedules. Communities that have been identified with public safety concerns will not attract new businesses and the jobs they bring. Yet the good news is that improvements in one care can positively affect community performance in another indicator group.

Turning Point believes that it is not enough to collect data on health status and analyze the results. Communities need to actively address concerns and develop approaches to strengthen and improve the health of their citizens. Virginia is fortunate to have an extensive system of providers, both public and private, that work to ensure access to health care services. There also is an informal network of providers and services that communities employ to improve access to health care and address gaps in services. Typically referred to as "safety net providers," these networks target individuals who are uninsured, underinsured, are unable to access care during regular business hours, or have been unable to pay in the past.

Fortunately, un- or under-insured Virginians have access to 31 free clinics and 45 primary health care centers across the state. These, coupled with the 91 general acute care hospitals, local health departments, projects supported by the Virginia Health Care Foundation, and other locally funded initiatives addressing access concerns, create a safety net in which such individuals may be able to access needed health care services.

Yet Virginia's safety net faces many of the same dilemmas experienced nationwide:

- Prescription costs are increasing,
- Federal legislation is phasing out reimbursements for federally qualified health centers,
- Virginia's Medicaid population is migrating to managed care,
- Insurance changes are ongoing, and
- There continue to be provider shortages in many areas of the state.

These all are issues that must be dealt with to improve the health of Virginians in the future.

Both the executive and legislative branches of state government as well as community-based organizations have initiated a variety of policies and programs to deal with the expressed needs. Currently the Virginia Department of Health spends approximately $340 million in public funds to improve the health of individuals and

their communities. In addition, the Virginia Hospital & Healthcare Association estimates that approximately $400 million worth of charity care (expressed in costs) was provided to the indigent and uninsured by hospitals across Virginia in 1997.

Overall, Virginia has much to be thankful for in terms of our health. Government or private organizations cannot make improvements in community health absent of individuals taking responsibility for their own health. It is clear that there continue to be critical health status concerns. Increased understanding about the health risks associated with lifestyle factors and programs related to improving the mental health of our youth, among other activities, will be critical to improving Virginia's health status in the future.

Background – Goal Areas

Goal Area 1 – Community Outreach

Reach consensus among diverse stakeholders at the state and community levels on their roles and responsibilities for public health functions.

Virginia's first year of the *Turning Point* initiative focused on reaching out to the community and getting feedback on the future roles and responsibilities of public health. The partners recognized that it is important to bring the community (members and leaders) in for the "lift off as well as the landing" in any change process. In order for *Turning Point* to be successful and sustainable in the future, communities need to recognize the value of this initiative and support the grant activities through their participation.

Too often "experts" -- public health professionals -- make decisions about the health needs in a community without asking the affected individuals: "What are your concerns regarding health?" Given, their decisions are well meaning and often driven by statistical data collected on a particular subject or for a specified geographic area. *Turning Point* also recognizes that anecdotal information can be colored by past experiences, and that individual concerns may not necessarily reflect the needs of an entire community.

It is important to realize that *neither* approach -- statistical data nor public perception – can, on its own, give a complete picture of community health needs. *Turning Point* is Virginia's opportunity to blend these views of critical health issues. It allows us to use the best aspects of both community outreach and statistical data to create a clearer view of the health needs of Virginians as well as the role state and local governments should play in meeting those needs.

Preliminary information has been collected in the first year of the initiative. In the second year, collected data will be available to workgroups so they can brainstorm, dream, hypothesize, argue and eventually develop policy, programmatic and funding options on the future roles and responsibilities for public health. These will be reviewed by the Steering Committee and ultimately forwarded to state and local decision-makers for their consideration. This work will form the basis for a strategic plan for the Virginia Department of Health to transform and strengthen the way that public health is practiced in Virginia.

Turning Point designed several avenues to achieve community feedback. During the first year alone, the following were completed: a web site was developed, group presentations were conducted, a statewide telephone survey was completed, and both regional forums and key informant discussion groups (focus groups with opinion

leaders in the community) were held. The results of these efforts are discussed later in the interim report.

Goal Area 2 – Improve Understanding about Public Health

Improve state and local policy leaders' understanding of and value for the contributions that public health and their partners make to creating and sustaining health communities.

With the exception of a crisis -- such as an outbreak, a toxic spill, or contamination of waterways -- public health is not on the radar screen of our elected officials and decision-makers, given the many issues that compete for policy leaders' attention. *Turning Point* seeks to provide an opportunity to increase the level of understanding among our decision-makers regarding the importance of public health activities and prevention. This initiative has actively worked to raise awareness of public health among state and local leaders. Briefings have been given to the Secretary of Health and Human Resources and the Joint Commission on Health Care (a legislative body that considers health issues in the Commonwealth) and articles have been written for publication in local government journals.

In the future, *Turning Point* plans to hold roundtable discussions with local and state elected officials, community leaders and decision-makers to obtain their input on improving the health of Virginia's communities.

Goal Area 3 – Increase Information-Based Decision Making

Place public health leaders and their partners in the pivotal role of developing, collecting, analyzing and sharing data that support information-based decisions for Virginia's communities.

One of the challenges of strategically planning to improve the health of the community involves the quality of and access to health information. The collection, analysis and publication of health statistics is often a protracted, cumbersome process. The bottom line – public health professionals and their private sector partners are rarely able to review relevant statistical data in real time. Too often, government agencies at the federal, state, and local levels and individuals within communities are required to make decisions without good data. Access to timely data and the effectiveness of our data systems have been said to be only as good as the worst provider of information. *Turning Point* seeks to change that adage by improving data collection, analysis and returning data to decision-makers in a more timely manner.

The Virginia Department of Health has established critical goals to create an integrated health information system based on the future roles and responsibilities of

public health. The Virginia Information Systems Integrated Online Network (VISION) will integrate and automate current public health data systems. Goals include: improving customer service through effective automation; fostering public/private collaboration to improve access to primary health care services; and working to assure the highest quality of health care in Virginia. All current data collection instruments will be integrated into this system, allowing decision- makers to access needed data easily and efficiently.

The development of a secure network to support VISION currently is underway. Private physicians, hospitals, community-based organizations, government, public health professionals, and others will be able to link directly to the system and download needed statistical information. VISION will create a centralized storehouse of information derived from multiple programs and agencies. The data will be organized for analysis and provide linkages to external data sources. The ultimate goals will be to allow timely data access for expeditious decision making about critical health needs in the community. The types of data that will be available from the data warehouse include:

- Vital Records and Health Statistics
- Personal Health
- Environmental
- Regulatory
- Administrative
- Reporting
- Census Data
- Hospital Discharge Data
- CDC NCHS data

Goal Area 4 – Enhance Workforce Education and Training

Ensure that the Commonwealth has a skilled public health work force to perform core public health functions in order to improve the health of Virginia's communities.

As *Turning Point* seeks to strengthen and transform Virginia's public health system in the next century, we have to assess the quality and quantity of our available tools to improve community health. The Virginia Department of Health has a variety of programs and activities that work toward that goal. However, this cannot be our only resource. As public health agencies around the country are rethinking what they do and how they do it – it is important to remember that our most critical asset is a committed, dedicated public health workforce. Throughout the *Turning Point* process, as we seek new solutions to addressing health concerns, we also need to

consider how we retrain and develop our current workforce to make sure they have the competencies needed to be effective in a new environment.

If *Turning Point* is successful, public health as we know it today will be different tomorrow. Throughout this process, solutions for today's pressing community health needs will require us to adopt new practices and approaches.

To improve the health status of Virginians, public health and private health care providers must do a better job of working together:

- Linkages with the medical, nursing and allied health schools to discuss the training needs of future health care professionals are necessary and long overdue.
- Since prevention strategies dramatically increase health status, collaboration is necessary to infuse preventive health themes throughout the educational system.

In Year 2, *Turning Point* will sponsor training activities to promote collaboration among educators, health plans, hospitals, professional organizations and business owners to increase awareness of current training opportunities.

It is estimated by the Public Health Foundation that America spends less than one percent of the health care dollar on public health agencies and programs. In Virginia, we need to do better in helping our health care professionals see the benefits of prevention in improving the health of their patients and the entire community. In the second year, we will work more closely with the deans of Virginia's three medical schools as well as its schools of nursing and allied health sciences. We will discuss how to best infuse prevention and community health principles into the curricula and internship training of future health care professionals.

Virginia was fortunate to be selected as part of a four state pilot program for the Centers for Disease Control (CDC) Foundation's Management Academy for Public Health, which will be conducted over the next three years. The CDC Foundation recognized that capable managers and administrators are critical elements in the infrastructure of local and state health departments. The proposed project will address the competencies needed to fulfill public health responsibilities and the essential skills – financial planning, human resource management, and communication – required to carry out such responsibilities. Academy participants will obtain a solid foundation in organizational management and practical training in strategic planning, information systems, finance, human resources, and other areas. In 1999, we expect that 50 public health professionals throughout Virginia will begin participating in this exciting initiative, and additional employees each year thereafter.

Year One: Community Outreach and Feedback

Virginia's *Turning Point* initiative recognizes that no simple approach to obtaining community feedback can be completely successful or provide an appropriate composite of community health needs. Regardless of the strategies chosen, certain constituencies will be overlooked or unable to participate. *Turning Point* recognizes that the need for several approaches to achieve our vision of improving the health of Virginia's communities.

Virginia *Turning Point* Initiative's Web Page

The Internet is a powerful tool for reaching and informing a myriad of individuals. Therefore, *Turning Point* has designed a website to provide Virginians and others interested in the activities of the initiative an easy way to access information (http://www.vdh.state.va.us/tpoint/index.htm).

The site was created to provide background information and periodic updates on our progress. Given the number of presentations to various organizations, the web site also includes a section where many such presentations can be accessed and downloaded. In addition, the website provides links to *Turning Point*'s national program offices, local partnerships, and other Virginia organizations participating in the effort. Next year, plans for the website include new sections reflecting the activities of each work group, along with updates on the status of the initiative.

Several *Turning Point* website screens have been included in Appendix K

Presentations

One *Turning Point* approach to community outreach and achieving feedback is through presentations to groups interested in improving the health of their communities. Over the course of this first year, the *Turning Point* liaisons and its coordinator traveled around the state to discuss the initiative and work to gain a better understand the internal and external forces that influence successful systems change.

- Internal Groups include: The Virginia Board of Health, the Virginia Department of Health's District Health Directors, Nurse Managers, Office of Family Health Services, Nursing Council, Environmental Health Managers, and Division of Chronic Disease Prevention and Nutrition.
- Well over 700 current staff members of the Virginia Department of Health have attended a presentation about the grant initiative. In addition, all Virginia Department of Health employees receive periodic information about *Turning Point* via the statewide e-mail system.

- External Groups include: the Virginia Chamber of Commerce Executives, the Northern Virginia Access to Care Consortium, Fairfax, Alexandria and the Crater Health District (Petersburg and vicinity) Advisory Boards, and the Joint Commission on Health Care.

In addition to the presentations, articles on *Turning Point* have appeared in a Virginia Association of Counties newsletter, the Virginia Municipal League's *Town and City*, periodic Virginia Hospital & Healthcare Association newsletters and *Turning Point*'s national publication, *Transformations*. Copies of selected articles are included in Appendix L.

Telephone Survey

Turning Point contracted with Professional Research Consultants, a health care market research firm, to gauge opinions about and current understanding of public health services. PRC has previous experience in Virginia with major health organizations and understands both the diversity of the Commonwealth and public health issues.

The survey was designed to inform citizens about current public health practices, ask about their level of knowledge, determine which area of public health were the most important, ascertain which areas of public health were most effective, and gain insights into citizens' most pressing health concerns.

The sample design used for this study involved a random sample of 800 community members throughout the Commonwealth of Virginia. Any household with a phone had the potential of being contacted for this survey (the survey does not reflect the opinions of individuals without that basic service). Other opportunities to participate through the regional forums were provided. However, *Turning Point* recognizes that additional effort must be made to reach out to these individuals. Given the sample size, results may be interpreted using a +/- 3.5% maximum rate of error at the 95 percent confidence level.

The vast majority (90%) of respondents felt that public health services were essential to protect the community's overall health. When asked to rank the importance of services typically provided by governmental public health agencies, the highest factors in importance were found to be:

1 Ensuring safe drinking water;
2 Having trained EMS personnel;
3 Immunization programs; and
4 Protection from exposure to toxic chemicals and other hazardous materials.

The survey results challenge us to think more holistically about community health. The most pressing health concerns cited for communities were pollution and cancer, and this concern is borne out in statistical data. In terms of reducing the burden of chronic disease, Virginia continues to exceed the national average of age-adjusted deaths in cancer, heart disease and stroke.

Virginians also were asked where should more public health money be spent. The top responses were: public health education, prevention activities, and health care for the uninsured.

The telephone survey confirmed some suspicions regarding the level of understanding about public health by the general population. When asked: "Can you name one service provided by your local health department?" 35 percent of respondents could not come up with a single activity or program sponsored by their public health agency.

Approximately 17 percent of respondents felt that their local health departments should concentrate primarily on providing preventive health services to the general community, while 9.2 percent believed medical care services for the uninsured should be the key area of emphasis. Most respondents (69.5%) said that local health departments should remain focused on both efforts in some capacity.

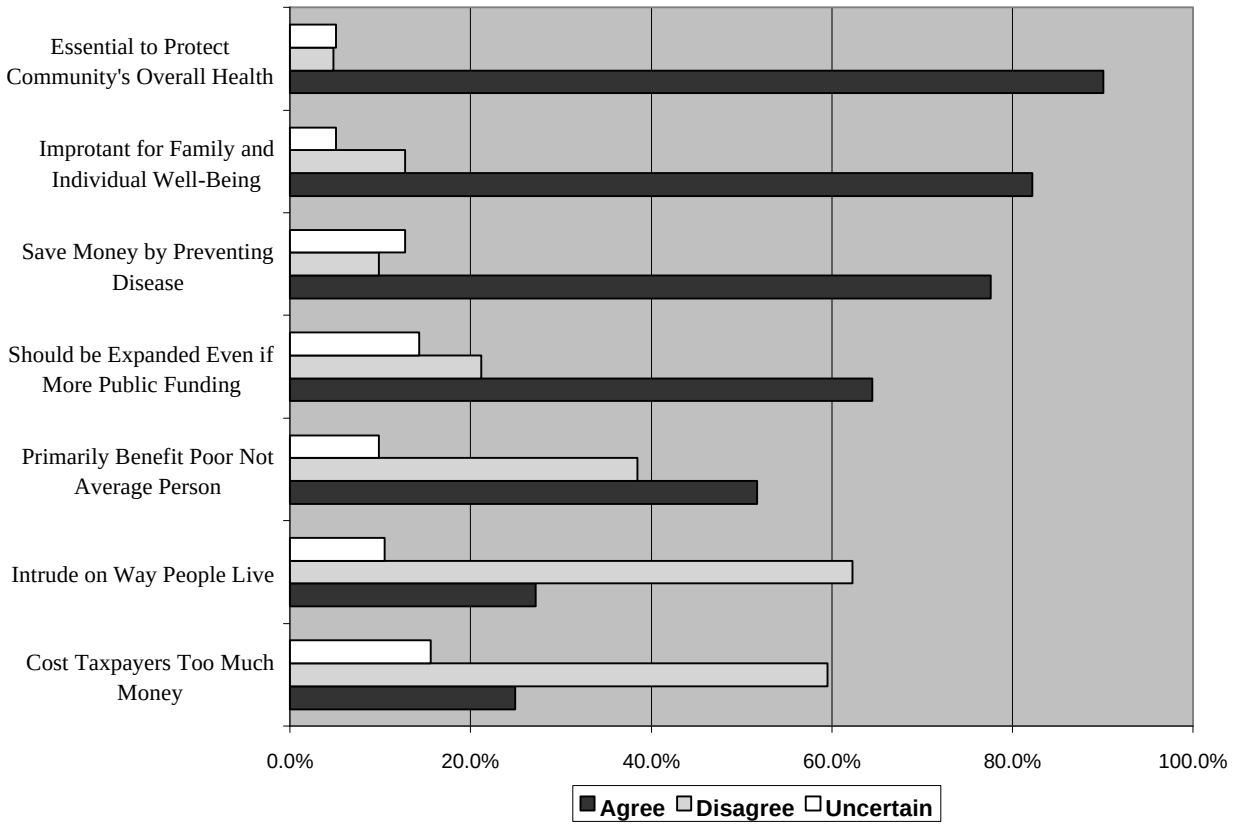
Key findings statewide are represented in charts below.

Importance of Issues Typically Addressed By Governmental Public Health Agencies

(Mean Scores: 100 = "Very Important" 20 += "Not Important")

Issue	Score
Ensuring Safe Drinking Water	97.4
Having Trained EMS Personnel	96.6
Immunization Programs	96.4
Exposure to Toxic Chemicals	96.0
Treating Victims of Natural Disasters	95.8
Inspection/Licensing of Health Facilities	95.8

Assessment of Attitudes about Public Health Service



A copy of the entire telephone survey is contained in Appendix H.

Key Informant Discussion Groups

To gain community insight on issues of importance to the *Turning Point* initiative, discussion groups were conducted with community leaders around the state. A total of 230 potential participants were identified and included members of key constituencies: business, community-based organizations, consumers, developers, education, the faith community, health care providers, insurers, local government, public health professionals, public safety representatives, and other advocates. The sessions were designed to be informal and were conducted by a contractor who specialized in focus groups. Six locations across the state were selected for the discussion group meetings: Danville, Winchester, Fairfax, Petersburg, Williamsburg, and Bristol.

Response was positive, and a total of 50 people were selected to participate in the six meetings. All constituencies were represented, with the exception of health care

providers. Participants were intentionally not provided with reading material in advance, for which a number of attendees later expressed appreciation and admitted the tactic added to their interest. The resulting meeting size was ideal for active participation; the average group size made discussion among all participants very comfortable. The diversity among the participants, together with their relative knowledge of health care issues, made for active discussion. Generally speaking, the participants were easily engaged in visioning about the future of public health, and were open and honest with both their criticisms and their suggestions for improvement – no doubt enhanced by the fact that no state health officials were present.

The best statement to describe the sentiments of the participants would likely be: "take needed action." There was a fairly high degree of skepticism regarding change initiatives like *Turning Point*. Apparently, many participants had been involved in numerous future-oriented discussions that did not produce tangible results. Such concern may be a leading cause for lack of participation in similar health planning activities.

Most participants were well-versed in their knowledge of the duties of the public health department and were able to identify numerous issues: prevention, education, wellness, environment, immunizations, communicable disease, data collection, clinical services, water and air quality, septic tank inspections, restaurant inspections, etc. It was pointed out that the over-arching responsibility of the local health department was to carry out state mandated services. However, it was recognized that partnerships and collaborative efforts varied from one region to another and that it was difficult to consistently identify Virginia Department of Health responsibilities. Unfortunately, the local health department remains the likely target for those seeking whatever services cannot be found elsewhere. Participants resisted the request to rank the importance of these major responsibilities, but it was clear that health education was the consensus opinion for top priority.

Local health department roles, as articulated by participants, varied considerably by locality. The participants recognized this distinction and believed regional solutions were appropriate. Accordingly, local health departments have taken on a role that fills in the gaps of the given locality. Without any noted exception, the participants believed that it was time for the roles to change. Only a small number of participants thought that the Virginia Department of Health should try to provide clinical or primary care services. They strongly felt that clinical and primary care services could be provided by the private sector. Participants articulated that discussions regarding barriers to accessing health care services were often misunderstood, and that there was need for community education to teach appropriate methods for access to care, especially for those without health insurance.

Access to care was prominent in the discussions of changing roles. The issue of roles was important, as many localities look to the state for policies and direction, yet differences in community partnerships cause inconsistent service delivery among local health departments.

Most participants acknowledged the misperception that public health was considered health care for the indigent. They also generally concurred that sufficient health care resources existed in most communities, but economic barriers were the primary reason for lack of access. While many local health departments have become the providers of last resort and have been relegated to a role of filling gaps within the local community, the participants' consensus was that the state should identify mandated programs and provide overall coordination of health programs, while scaling back on direct primary care service delivery.

Participants varied in their opinion of the number one health issue facing their communities today. Consistent responses included: substance abuse, lack of dental services, mental health, sexually transmitted diseases, teenage pregnancy, available medication for the poor and elderly, access to wellness-based health care, and elder care. Perhaps the most important issue and one that should be the focus of an public health education campaign was getting people to accept responsibility for their own health and making a commitment to healthy lifestyles. This has been, and remains, one of the most significant challenges to both private providers and public health.

Generally speaking, the participants believed that baseline public health functions should be identified and implemented. Most participants felt that environmental and regulatory components should remain a function of the Virginia Department of Health, and that an important role of the state was to promote more partnerships at the local level and replicate them where appropriate. The clear role for the Virginia Department of Health was seen as overall coordination of health services and establishment of an overall health policy for the Commonwealth.

Communicating these changes and making sure nobody falls through the cracks are concerns that need to be taken into account as any changes are implemented. Past examples were cited where the state stopped providing certain services, which resulted in the private sector or the community partnerships finding ways to fill the gaps. With proper planning and coordination, participants believed that there was no reason why major changes in the focus of the Virginia public health system could not be successfully implemented.

Ranking health concerns against other community services is difficult and the participants recognized this issue. They clearly saw the inter-relationships among community services. Perhaps the best example of the inter-relation of community health and other services was made by a police chief who pointed out that improved

community health would greatly reduce the number of arrests in his department. The participants clearly saw the connection between health and wellness, quality of life and economic development. Individuals in good health were known to be more productive and in need of fewer sick days off. Participants also stated that health was a major component of quality of life, and ranked it high in importance.

Duplication in the collection of health data was a known issue to participants, with virtually all of the health providers, both public and private, spending time and resources on data collection. Various examples were given where data was not being collected in a useful format. Several knowledgeable participants questioned the benefit of the data and complained about the level of time and energy required for collection when there was little or no feedback on the data submitted.

The consensus among the participants was that the goal for Virginia's public heath system should be the promotion of community health and wellness. It was noted that our society suffers from information overload and that current forms of information (typically in the form of brochures) were not cost effective. One creative idea was for the creation of a community health campaign similar to the Nike "just do it" marketing slogan. Citizens would be called to action on wellness in a simple, memorable way, as in North Carolina's slogan of "Everyday, Everywhere, Everybody," designed to raise awareness of the impact of public health. Most participants believed that an appropriate ongoing role for the Virginia Department of Health was that of community health education.

Regional Forums

The *Turning Point* Regional Forums were designed to provide citizens with an opportunity to voice their opinions on the health needs in their communities and give feedback on the future roles and responsibilities of public health. Over 3500 invitations were sent, and notices were posted on the *Turning Point* website and in statewide and local newspapers. In addition, television and radio news outlets were made aware of the forums.

In planning the regional forums, it made sense to engage community leaders to determine the most appropriate date, location, and approach for gaining the information *Turning Point* sought. Regional planning teams were created to ensure *Turning Point* was responsive to local needs.

Approximately 350 individuals from around the state participated in regional forums. One of the challenges recognized was that most of the individuals who participated represented organizations that had a vested interest in the health of the community. Unfortunately, there was almost no general citizenry representation. In order to gain a

more complete understanding of community health needs, *Turning Point* must do better at reaching out to the ordinary citizen.

Similar to the Key Informant Discussion Groups, these regional forums provided feedback that pointed to an increase in health education and work on access to care. Preventive care, communicable disease control and regulatory environmental health functions were perceived as critical roles and responsibilities of public health in the future.

The Regional Forums were held in:

- Abingdon - Southwest
- Petersburg – South Central Virginia
- Lynchburg - Roanoke
- Yorktown – Hampton Roads
- Fishersville – Blue Ridge
- Oak Grove – North Central Virginia
- Fairfax – Northern Virginia

Specific regional forum summaries including expressed feedback are included in Appendices A through G.

Activities to Bridge Year 1 and Year 2 and Beyond

Turning Point is working toward its vision of improving the health of Virginia's communities. A first step in this process is gaining an understanding of the health issues identified by the public. Once that step has been realized, efforts can begin to develop policies and programs to impact health.

The initiative is also seeking news ways to ensure that the activities and programs undertaken by the state and local health departments are responsive to the core public health functions of assessment, policy development and assurance. The development of these core function arise from the Institute of Medicine's *The Future of Public Health*, and work by the Public Health Foundation and the Centers for Disease Control.

Turning Point issued a Request for Proposals (RFP) to engage expert consultants to complete an assessment of the central office's and local health departments' abilities to carry out core public health functions. *Healthy People 2000* stated that, by the year 2000, 90 percent of the population would be effectively served by a public health department. It was important to ensure that findings from Virginia would be comparable with other states, therefore the RFP was written in such a way that the

selected bidder would be required to use criteria currently established in practice by national experts.

Turning Point has engaged the services of Dr. Bernard Turnock, a national expert who has widely published on internal assessment of core public health functions. Formerly a state health commissioner in Illinois and a local public health director in Chicago, Dr. Turnock was instrumental in that state's movement to certify local health departments based on their capacity to perform core public health functions.

The purpose of this analysis is to help the Virginia Department of Health determine how effectively it is serving the population as a whole. Dr. Turnock will assess capacity in local health departments as well as central office programs. There continues to be debate over the core public health functions. Certain public health officials question the validity of the tools used to measure how well health departments complete the assessment, policy development and assurance functions. Virginia will use the latest tools available that provide comparative data with other states. Dr. Turnock will continue his analysis through the summer of 1999.

Because it is clear that the average citizen of Virginia does not have a clear understanding of the variety of activities undertaken by his/her local health department, *Turning Point* will pursue a number of approaches to increase general knowledge about public health practices. Virginia has received an opportunity to participate in a Robert Wood Johnson public relations campaign to raise awareness of health departments' efforts to protect the public's health. In Virginia, the campaign will focus on food borne outbreaks and will work to increase awareness of disease outbreak and investigation activities as well as public education efforts targeted to reducing the spread of disease. The public relations campaign will support the *Turning Point* initiative's goal to increase awareness and understanding of public health activities and will begin mid January 1999.

Conclusion:

Virginia's statewide *Turning Point* initiative had grand ambitions for its first year and realized many of them. Virginia's efforts to reach out to the community and obtain input on the future roles and responsibilities of public health were crucial at the beginning of this process. Clearly, *Turning Point* achieved some measure of success in learning from the communities of the Commonwealth what they believe are their health needs. However, efforts must be maintained to continue learning from citizens.

Critical community health issues that were identified throughout the telephone survey, key informant discussion groups and regional forums were that:

1. The need for health education, communication and promotion activities to ensure that individuals and families can make informed decisions regarding wellness and lifestyle choices that affect their health.
2. Ensuring access to quality health care services for all individuals regardless of their ability to pay.
    - Participants felt the appropriate role of taxpayer funded public health services were not necessarily to provide care but, rather, to assure that care was available to everyone.
3. Communicable disease control issues. The purposeful surveillance, investigation, and treatment of communicable diseases continue to play a central role in public health activities.
4. Environmental health concerns, including both traditional and emerging roles for public health.
    - Virginians believe ensuring safe drinking water is an essential public health service but also recognize pollution and even, in some areas, traffic as factors that have a dramatically negative impact on health.
5. Accessibility and timeliness of health information

Turning Point also recognizes that any discussions about the future roles and responsibilities of public health must include a thoughtful analysis of available resources. This includes both financial and personnel, public and private. Once *Turning Point* has concluded its work, the Virginia Department of Health will also need to complete a comprehensive review of its statutory authority to determine if current laws align with potential future roles and responsibilities.

This is not to say that there are not other legitimate concerns. However, these issues were identified over and over and have risen to the top of the list. There may be additional areas *Turning Point* will address in the future.

Workgroups will be established to analyze these issues and formulate strategies to address the concerns expressed by those in communities throughout Virginia. This research will be coupled with planned activities related to: informing decision-makers

about the value of preventive health; Virginia Department of Health's internal information systems; and education needs for the current and future public health workforce.

Turning Point owes a debt of gratitude to the citizens who participated and to the dedicated public health employees and their private sector counterparts who worked on various outreach activities. In particular, *Turning Point* would like to thank the Office of the Secretary of Health and Human Resources for their insight and guidance and the members of the General Assembly and local elected officials who participated in the regional forums and key informant discussion groups.

Year Two: Analysis and Selection of Options

The focus of the first year of the Virginia *Turning Point* initiative was community outreach. The planned second year activities focus on:

- rigorous analysis of the five areas of interest, and
- the development of potential options and recommendations for decision-makers to consider when charting the future course for public health.

The result of these activities will be instrumental in developing a strategic plan for the Virginia Department of Health. *Turning Point* believes intuitively that citizens want to be healthy, and its efforts focus on assuring that the Virginia Department of Health works with individuals and families to help them take responsibility for their health and the health of their communities. However, we cannot do this alone. This plan will help state and local decision-makers identify specific areas on which to focus to improve health once the grant has completed its activities.

Specifically, in the second year of this strategic planning initiative, we will complete the activities begun in year one and will move forward on other key issues.

- In January 1999, *Turning Point* will participate in a targeted public relations campaign to raise awareness of a key public health issue -- food borne outbreaks.
- Workgroups drawn from citizens, consumers, internal Virginia Department of Health staff and external groups will be organized around the five key issues that were identified in the first year of the grant. These work group members will wrestle with critical issues and formulate options for implementation.
- A completed internal analysis of how well the Virginia Department of Health carries out core public health functions will give a more accurate picture of how well we do our job. The analysis will provide concrete strategies that may need to be implemented to improve performance related to the core functions of public health. This activity is critical to effective strategic planning.
- *Turning Point*, in rethinking vision and future roles and responsibilities of public health, is also interested in analyzing what the public and private health care delivery system may look like in the future. The Steering Committee will participate in a series of activities to challenge its future vision of health and public health through the development of a number of scenarios.
- This final analysis and report will provide state and local decision-makers with some critical policy, programmatic and funding issues to consider when crafting public health policy for the Commonwealth of Virginia. The outcomes will comprise a final *Turning Point* report and underpin the development of a strategic plan for the Virginia Department of Health.

The future of Virginia's public health system rests in our hands. Let us shape it wisely.

Partnerships for Health:
Prince William Area Healthier Community Advisory Group

The Prince William Area Healthier Community Advisory Group's mission is to create a healthier community that accommodates changing conditions and promotes continuous improvement in the quality of life for our citizens by engaging the community in designing, developing, and implementing a broad-based, community-owned, prioritized agenda and action plan for improving the health of our community.

With the restructuring of health care currently underway, and the focus on prevention, an opportunity exists to refocus efforts in all disciplines. We believe that the division of preventive efforts that currently exists in our community can be addressed as a community effort, rather than being viewed as the responsibility of a single agency or health system. To ensure successful planning and implementation for our future, we will further develop an aggressive outreach effort and an active two-way dialogue between the Healthier Community Advisory Group (HCAG) and the public.

The underlying premise of all of our *Turning Point* activities is that the community must drive the re-examination and re-structuring of whatever services they deem necessary. Thus, widespread community involvement is solicited in two phases: 1) identification of public health functions and health issues of concern; and 2) recommendations for alternative service delivery structures. However, community input into every phase of the project is planned through community participation in workgroups/sub-committees.

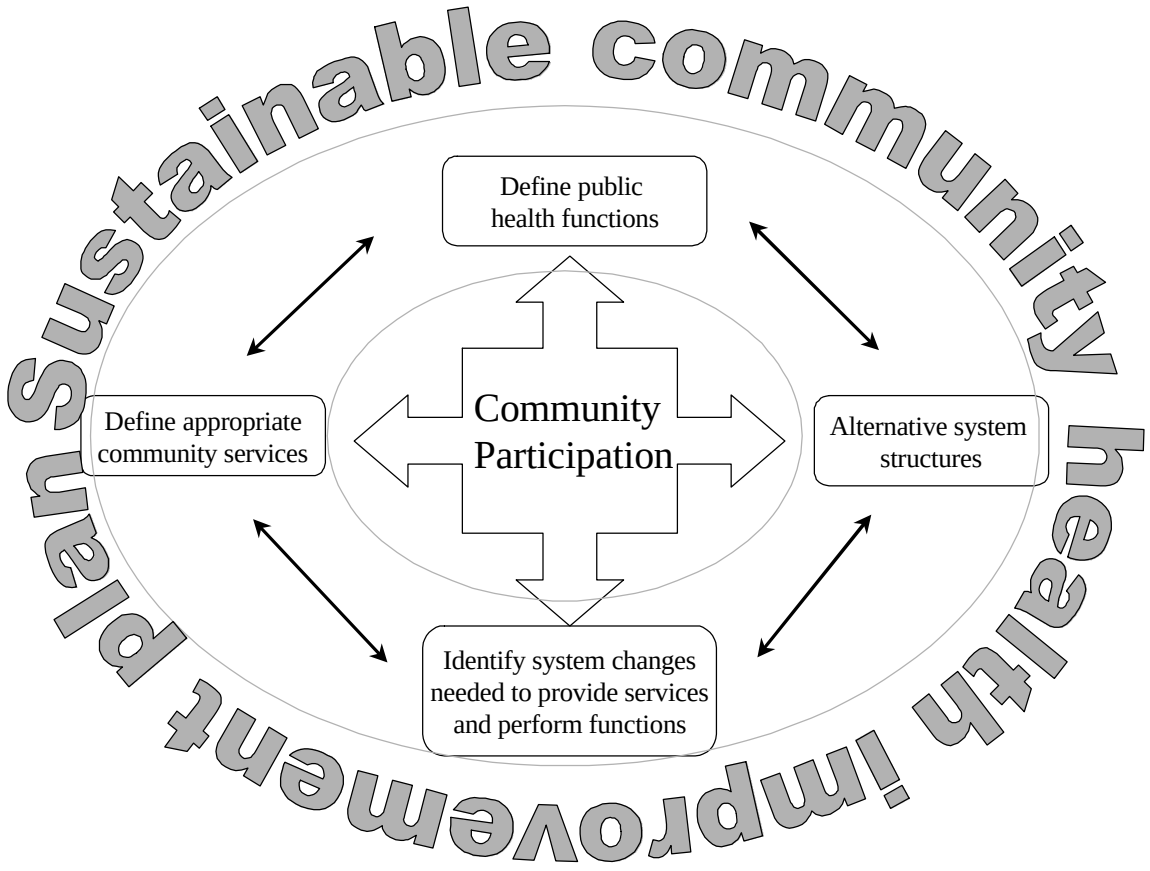
Through a shared vision of a community-based prevention plan, specific identified agency needs can be reassessed and priorities re-established. The development of a sustainable community assessment program will depend upon reliable information being generated, collected and interpreted. The implementation of automated systems and the development of epidemiological expertise to support this process will be key.

The establishment of an agreed-upon set of health protection, health promotion, and preventive/primary services for the community based upon well defined goals and objectives is essential to the development of a sustainable community health improvement plan. The integration of clinical health care and public health programs will reduce overlap and increase efficiency in delivering services. The plan will re-define existing programs and define a process for developing, funding and operating needed programs which do not yet exist.

In order to make this vision a reality the Healthier Community Advisory Group has identified four broad goals for our *Turning Point* Initiative:

- To define key public health functions and involve/engage the entire community in the process;
- To agree upon appropriate health protection, health promotion, and preventive/primary services for the community;
- To assess needed changes to emphasize community-based prevention; and
- To develop and initiate a sustainable community health improvement plan that integrates clinical health care, public health, and environmental health.

The following figure attempts to synthesize the mission, values, goals, and desired outcomes of *Turning Point* in our community.



The Healthier Communities Advisory Group has identified eight project phases for our strategic planning process:

1. Community Awareness
2. Vision Building
3. Defining Public Health Functions
4. Data Review
5. Alternatives Development
6. Government Review
7. Implementation
8. Evaluation

Five sub-committees of the Healthier Community Advisory Group have been established to pursue the goals of the initiative. Each sub-committee has a specific set of tasks and evaluation criteria to track progress toward meeting its targeted goals. The five sub-committees are: Strategic Planning and Implementation, Community Engagement, Community Health Functions, Structural Development, and Fiscal Resources

Norfolk's *Turning Point* Initiative

The Norfolk *Turning Point* Partnership includes all segments of the community – public and private, citizen and government, corporate and volunteer. The public's health is everyone's responsibility. The partnership currently consists of 34 agencies and organizations throughout the city of Norfolk. We believe that when all partners participate, everyone benefits.

Organizations involved on the Steering Committee have developed a vision statement that directs the *Turning Point* initiative to improve health. The vision statement maintains that Norfolk shall be "…a city of healthy people where the practice of public health principles is incorporated throughout, and where residents and visitors can enjoy the benefits of healthy neighborhoods and a healthy environment."

The Norfolk *Turning Point* partnership will demonstrate the strong commitment of the involvement of citizens, organizations and businesses in understanding and impacting health outcomes through development of a strategic plan for community-oriented public health. Norfolk will develop a results-oriented infrastructure to protect and improve the public's health.

The Steering Committee established seven key objectives:

- To generate community-wide public awareness and participation in the *Turning Point* planning process
- To design a community-based public health plan
- To improve prevention of public health risks (or threats)
- To promote healthy behaviors and lifestyles throughout the community
- To collect and publish community health data on an ongoing basis
- To use advanced technology for the betterment of the public's health
- To explore future funding to build the community's ability to protect its health

On November 12, 1998, the Norfolk *Turning Point* partnership held a community-wide kick-off to raise public awareness of the initiative and invite individuals and organizations to join with the existing Steering Committee members in improving the health of the community. Approximately 175 individuals participated in the *Turning Point* kick-off. Norfolk anticipates the second year of the grant will bring exciting opportunities in ***"Building the Community's Ability to Protect Its Health"***

The Foundation for Regional Excellence
"Facilitating Economic Growth and Quality Living in Western Virginia"

The first year of the *Turning Point* initiative for the New Century Partnership was devoted to building capacity, identifying the steering committee and developing a complimentary role with a newly announced community health fund from the regional non-profit hospital.

Armed with the vision created by the New Century Council, which included a section on health, the *Turning Point* partnership was able to adopt the wellness and community health focus of the regional vision without needing to create one. The vision was summarized into two broad categories: quality of life and economic growth. Importantly, the citizen-based vision made direct reference to the importance of health and wellness as key ingredients to both quality of life and economic growth, so the Steering Committee was able to devote its time to identifying specific implementation projects rather than visioning.

Shortly after the *Turning Point* grant was awarded, the region's largest health care provider, Carilion Health Systems, announced the creation of a community health fund to award grants to non-profit organizations wishing to focus on health issues. The Executive Committee decided to devote the majority of the year to developing a partnership with the Carilion fund for two reasons. First, a grant award would build administrative capacity and, second, failure to develop a partnership would result in a competitive environment between *Turning Point* and Carilion, which would not be in the best interest of community health.

The New Century Partnership is fortunate to have a multi-regional scope and two public health district directors serving as its co-chairs. The national *Turning Point* conferences have enabled the executive committee to get to know each other and forged important bonds that are continuing to pay dividends.

The Steering Committee has developed its own *Turning Point* working paper. While still under collaboration and revision, general consensus has been reached on the specific projects that will be implemented in the coming year. In addition to the *Turning Point* funds, the initiative will be supplemented by grants from both hospital organizations in the region, which will allow appropriate administrative and project management resources to be devoted to *Turning Point*.

The Steering Committee expects 1999 to be a challenging year as progress is made toward building consensus among the diverse stakeholder groups; it will also be a year marked by action that can be measured against the written goals outlined in the working paper.

Turning Point Southwest Regional Forum - Abingdon

A regional forum was held at the Southwestern Virginia Higher Education Center. Dorothy V. Vincent, M.D., Director Cumberland Plateau Health District, Delegate Clarence "Bud" Phillips, and Kenneth Tuck, M.D., past President Virginia Medical Society and *Turning Point* Steering Committee member addressed participants. There were approximately 70 individuals in attendance.

Dr. Vincent discussed the basic elements of a "Public Health" infrastructure. They included a skilled workforce, an integrated electronic information system, public health organizations, resources, and research. In her overview of current Virginia Department of Health (VDH) activities, participants were informed that the health department's services extend from the cradle to the grave.

Dr. Tuck provided an overview of the *Turning Point* initiative. Delegate Phillips began his address by stating that the Constitution of Virginia articulates that the primary mission of state government is to protect the health, safety and welfare of community. He added that public health faces unique challenges as we develop into a world community, with new diseases, and social, economic, cultural, and political problems never seen before. In order to address these needs, it was said that VDH needs a database providing each local health department with access to information for health education and prevention. Increased partnerships and flexibility in programs and services are seen as the wave of the future for public health. In addition, he believes it is critical to continue education of health department personnel.

According to the speaker, the Virginia Department of Health needs to expand its role in educating the public. He surmised that a likely place to start was the public schools, as many children do not know what makes a healthy lifestyle. He said that a core curriculum for public health education should be developed for Virginia's public schools. He stated that obtaining a good education and a job is very important; however, he felt that they mean nothing without good health.

The planning committee established five breakout sessions. The five topics were: Wellness, Children's Health Issues, Environmental Issues, Access to Health Care, and Aging. While access to health care remained a complex issue and participants identified a significant role for the Virginia Department of Health in water quality, attendees believed that promoting wellness through prevention of diseases and/or education should be the top priority for public health.

<u>Access to Health Care</u>

In the breakout sessions, participants stated that there are barriers to health care services based on the cost of health care services and numbers of uninsured or

underinsured. Some individuals saw additional investment for sliding-scale facilities, both public and private, as a way to address this concern. In terms of the lack of dental care, the recruitment of more dentists by offering incentives for rural practices and an increase in dental reimbursement rates were seen as strategies to alleviate this need. Participants believed that expanding telemedicine initiatives would improve access. Other vehicles to improve service coverage include strategies that allow medical schools to cross the state lines for specialty coverage and an increased use of residents, physician's assistants and nurse practitioners.

Environmental Issues

Key environmental quality issues identified were water quality, wastewater treatment, better integration of programs, and food protection. Participants sought more public education to define the problems and additional means to overcome water quality issues. Concerns were raised about the degradation of water supplies by coal mines and other industrial concerns, and participants believed that the industry should fund projects to address the issue. It also was felt that VDH should reinstate the inspection of wastewater treatment facilities.

Participants stated that water quality management approaches often do not have a stated health mission. State government agencies should work together and address integration of responsibilities. There were concerns about duplicative efforts by multiple state agencies. In terms of food protection, increased public education was seen as key to this health concern. The development of an information network to increase communication and awareness of problems when they occurred, additional training, and more regulatory staff were seen as critical to addressing this issue.

Aging

Participants felt that there was a significant number of medically underserved elderly. Possible solutions included developing a network of caregivers (family integrated into formal settings and providers integrated with family). Changes in reimbursements were thought to possibly change the number of providers. Participants also saw a need for consumer education. Finally, access to affordable care was cited as a critical need.

Wellness

In terms of wellness, health education was viewed as central to improved health status in the population. A comprehensive approach to health education was proposed, and that a program focusing on the mental, physical, social, spiritual, cultural, relational health needs of the population should be developed. One person suggested that the program be built into core curriculum of our public school systems. Another

recommended avenue toward increasing wellness was effective parental education. Participants started discussing this issue in relation to teen pregnancy but quickly expanded their approach to include all determinants of health.

Children's Health Issues

Participants debated a host of key concerns related to children's health, including poverty, mental health issues, violence, abuse and neglect, perinatal issues, chronic health conditions, asthma, diabetes, seizures, dental services, immunizations, and teen pregnancy. The priority objective for addressing children's health issues was increased public health education. Some individuals debated the need for additional investment by both the public and private sector to increase health care services for children.

Turning Point South Central Virginia Regional Forum – Petersburg

A regional forum was held at the Zion Baptist Church. Approximately 35 individuals attended the forum. The majority of those present were affiliated in some way with the various health and human services agencies in the Crater Health District. An overview of *Turning Point*, public health, and health indicators for the region were provided for the attendees. The facilitated discussion time was lively, but participants commented that the hour allotted for discussion was not long enough to address all items.

Over three-fourths of the individuals rated their community's health as fair on a scale that included excellent, good, fair, and poor. This represented the lowest aggregated response received to this question at all of the regional forums. Participants identified a host of health concerns for their community: heart disease, teen pregnancy, lead, diabetes, cancer, chronic disease in general, STD/HIV, mental health, environmental toxicity, hypertension, substance abuse, lack of knowledge, obesity, access to care (transportation, money, insurance), unintentional injury, cost of medication and poverty.

The top health issues were:

1. Poverty
2. Chronic diseases
3. Reproductive health for teenagers (pregnancy, STD's, low birth weight, infant mortality)
4. Substance abuse/mental health

When asked what gaps were in their community's existing approach to problem-solving regarding these four main issues, participants indicated that poverty was their most pressing concern, and related other health concerns to poverty in their community. Participants recognized that there were strategies in place to address health concerns, and focused their discussions on poverty and chronic disease.

In Petersburg, participants clearly saw an important role for public health in addressing the community health needs. Some of the strategies proposed include:

- Provide health education in the community
- Establish greater private-public partnerships
- Provide more resources for environmental protection
- Conduct needs assessments and share the data with the community
- Continue to monitor quality of health care/quality assurance
- Aggressively fund programs that promote healthy families and prevent teen pregnancies
- Focus on improving access to care/affordable health and mental health care
- Focus on perinatal and reproductive health issues, particularly with teens

Poverty

Concerning strategies currently in place to address poverty, individuals cited welfare reform, increases in small business development, free clinics, and the VCMSIP (child health insurance) program. Participants recognized the lack of living wage occupations and the infrastructure to support jobs in the area, such as adequate housing, public transportation and affordable child care.

In terms of affecting poverty through education, individuals were aware of vocational education, literacy and adult education programs, and job readiness classes in their area. However, participants believed that the entire education system needed strengthening to combat poverty. They saw a correlation between improved education outcomes and standard of living.

Chronic Disease

Regarding reducing the burden of chronic disease, participants mentioned the increase in free clinics as a positive step. Greater availability of health screenings, more involvement of the private physicians, the faith community and other community organizations were seen as beneficial to chronic disease prevention. A strategy to alleviate chronic disease involved increasing Public Service Announcements – more public health education focused on behavioral changes.

When faced with chronic disease in their community, participants pointed to the high cost of medication, cost of services, and the lack of knowledge about prevention, symptoms, and resources. Poor communication and coordination of resources was cited as a barrier and individuals were quick to point out that for some people fear, outright denial, and lifestyle issues are the roots of the problem.

A regional forum was held at the Lynchburg Public Library. In his welcoming remarks, Jeff Wilson commented on the extremely low percentage of the general public able to name at least one service provided by a local health department. *Turning Point*, at the very least, hopes to have a positive impact on these figures. Following the video produced in Kansas entitled "A Day in the Life of Public Health," there was a presentation on "Turning Point in Virginia: Public Health at the Crossroads" by Lester Lamb, Chairman of the *Turning Point* Steering Committee.

Jeff Stanley, M.D., Vice President of Centra Health in Lynchburg, provided an "Overview of Health Indicators in the Region." He stressed the need for a collective accountability for the health of the community, saying that too much effort was being devoted to the needs of individuals at the ends of their lives, and that more needed to be spent on wellness and prevention. He also cited inadequate measures of public health as a major concern, and pointed out the need for improved data systems that would enable Virginia to carefully select the challenges it undertakes. Dr. Stanley underscored the need for a synergistic approach to problems in which a broad spectrum of stakeholders would come together to collectively identify key issues and develop strategies to address them in creative new ways.

Dr. Joanna Harris, Director of the Central Virginia Health District, reviewed the wide variety of programs offered in the district, and shared statistics on the magnitude of the services provided by her staff. She cited dental health as a principal area of need.

Issues of greatest concern in the small group discussions included access to health care for the working poor, those with mental health problems, the uninsured, and the elderly. Other key concerns included problems related to insurance, dental care, and obtaining prescription medications. Health education and chronic diseases, such as heart disease, cancer, and stroke, were also identified as areas that need to be addressed. In addition, participants pointed to tobacco and substance abuse, the impact of managed care, fragmentation of services, and the need for more programs aimed at youth as important areas in need of attention.

A wide variety of agencies and organizations striving to address these and other health-related concerns were identified. Participants were quick to identify gaps in community health critical issues:

- Public policy does not value health care when it comes to allocation of resources (unfunded mandates);
- The dearth of resources for dental care and prescription medications;
- The poor level of awareness regarding available services and resources;

- Corporate leaders need to become involved in public health, not just in those issues that affect their employees;
- The lack of an effective structure to promote coordination and collaboration;
- The scarcity of child care.

Strategies being employed, or which are under development or consideration, include: telemedicine, regional transportation systems, regional pharmacies, and school-based dental care.

The role and responsibility of local health departments over the next five years, in the view of the small groups, involved focusing on more facilitation, coordination, and communication. A continued emphasis on immunizations, communicable diseases, and environmental issues was seen as critical to community health. Participants believed that the outsourcing of some clinical services and an increased emphasis on case management as well as the development of more effective data collection and sharing of information should be the wave of the future.

Many participants felt the top priority of public health should be environmental health issues and communicable disease control, health education (prevention), and access to services (elder care, dental care, underinsured, and uninsured).

Turning Point Hampton Roads Regional Forum - Yorktown

A regional forum was held at Grafton High School in York County. Members of the community were invited to share their input regarding: current community health priorities and how they should be met; who should be involved in addressing those priorities; and the future role of the Health Department.

Jeff Lake, Assistant Commissioner for Community Health Services, addressed the audience to provide a project description and to explain the goals and objectives of the *Turning Point* initiative. He explained that the Virginia Department of Health was seeking to identify what the particular regions of Virginia needed and wanted from public health agencies.

Due to the regional nature of the forum it was impossible to identify locality specific issues, however, the information provided was, and is, useful in a regional context. Focus group discussions identified the following needs and priorities in the region.

- Dental services and providers for the indigent and underinsured
- Educating the public regarding health issues and service availability
- Assessing the current health care system and the existing level of need in the community
- Providing up-to-date data that reflects a comprehensive, community-wide definition of public health
- Establishing partnerships with other agencies and educational institutions to expand the number of available providers, services and public health care professionals
- Addressing services for the elderly including such things as access to good nutrition, nursing home regulation, and costs of prescriptions
- Transportation

Participants indicated that these needs and priorities should be met through community health education and partnerships. A variety of agencies, organizations and individuals were identified as those that should be involved in addressing these priorities. Those mentioned include the state and local health departments, local government, health care providers, schools, employers, law enforcement, faith communities and civic groups.

Finally, the focus groups saw the future roles and responsibilities of local and state health departments as providing statistics, coordinating the provision of care, promoting successful program models, and conducting health education and outreach. Specifically, the Virginia Department of Health was envisioned as a leader and source of educational, statistical, and financial resources for improving community health.

Turning Point Blue Ridge Regional Forum – Fishersville

A regional forum was held at the Augusta Medical Center. Individuals representing a variety of public health, healthcare, educational and social service organizations met to discuss Public Health in the new millennium. An overview of the *Turning Point* initiative was followed by small and large group discussions of the key issues facing the future of public health. In addition, strategies for, opportunities in, and threats to these issues were assembled.

Participants ranked the top issues facing public health in the new millennium. Results in rank order are: (note a tie in rank: 2, 9, 13)

1. Teen Pregnancy
2. Health Education (public relations and marketing of health departments)
2. Chronic Disease Prevention
4. Substance Abuse
5. Aging (long-term care facilities, licensing regulations, and quality of care)
6. Water Quality
7. Child Preventive Services
8. Home Health Care
9. Access to Pharmaceuticals
9. Access to Care/Health Services
11. Injury Prevention/Violence Reduction
12. Vision/Dental Care
13. Immunization
13. Health Risk/Care Screening
14. Cultural Dynamics/Women's Health/Minority Health
15. Homelessness

While the group reflected a wide variety of health care related constituencies, participants commented that more people should have been at the table to discuss community health issues. Specifically mentioned were business interests, social services, law enforcement/court system, minorities, the faith community, consumers and youth.

According to participants, public health has failed to build consensus and maintain effective coalitions. Strategic planning processes were said to often foster impatience with those involved who look for concrete results too quickly. In addition, participants mentioned that bureaucratic inertia in the Virginia Department of Health prevented it from addressing community health needs in a timely fashion. A lack of leadership vision in public health was said to prevent it from being successful.

When discussing strategies, opportunities, and threats in dealing with the identified issues participants were given an opportunity to "spend" health dollars on particular strategies. The following represents their comments on the top six issues identified.

Teen Pregnancy

- Develop more early intervention programs
- Give incentives to teens not to get pregnant
- Conduct cost-benefit studies, and publicly distribute information about the economic factors or costs associated with teen pregnancy
- Implement mandatory parenting courses for all pregnant teens
- Boost parental counseling and education
- Devise effective "tools" to teach kids about abstinence

Health Education

- Fund major health education initiatives through the public education system
- Strengthen Family Life Education
- Integrate with public education early – before bad habits develop
- Involve youth in decision-making and education efforts
- Increase promotion activities through mass media
- Increase resources to public education campaigns
- Partner with universities to give students internship opportunities

Chronic Disease Prevention

- Conduct thorough health education and screening
- Focus educational efforts on alternatives and non-traditional approaches to living with and dealing with chronic conditions/disease.
- Educate decision-makers, business leaders etc. about the cost savings attributed to health promotion activities

Substance Abuse

- Implement parental education and counseling
- Develop effective "tools" (local workshops and videos) to combat this crisis
- Increase number of treatment programs, including intensive outpatient services

Aging

- Coordinate services
- Implement a "Healthy Aging" education campaign
- Increase number of qualified aides. Raise salaries and benefits, and require more education
- Educate about services and resources already available in the private sector

Water Quality

- Emphasize better controls on water sanitation
- Create incentives for farmers and homeowners to test soil before adding nitrates and phosphates
- Promote and education regarding water quality and its effect on health
- Provide recognition when a goal is met - reactions would be positive

Turning Point North Central Virginia Regional Forum – Oak Grove

A regional forum was held at the Ingleside Plantation Winery Pavilion. Representatives from Northern Neck Head Start, Chesapeake Bay Agency on Aging, Northern Neck Hospice, NAACP, Westmoreland County Rescue Squad, Westmoreland News, Westmoreland County Board of Supervisors, Westmoreland Medical Center, Three Rivers Health District and the Shellfish Sanitation Division of the Virginia Department of Health participated.

Dr. Phillip Winter, District Director, presented an overview of the Three Rivers Health District. Attendees learned that the area is rural, economically disadvantaged, and undereducated with greater proportions than the state as a whole of children and the elderly. Jeff Wilson, *Turning Point* Coordinator, presented an overview of the Virginia *Turning Point* initiative.

Participants divided into breakout groups to brainstorm on priority community health issues and discuss who should address identified needs. The consensus was that the identified health problems had not changed in over a decade. Participants believed that it was unfortunate that there has been little coordination of services between providers or needed finances to help solve the community health needs. Typically, participants felt that health concerns were related to socioeconomic factors -- primarily age, education, and poverty.

Key health needs identified were:
1. Preventive care with community-based health education and ongoing screening components,
2. Available and affordable health services
3. Environmental Health issues (water and air quality and sewage disposal)

Throughout the discussion, individuals promoted a continuing theme of community-based prevention efforts aimed at general health education. They felt the content should be derived from an analysis of current statistical community health data.

Lack of access to health care services for indigent populations for both youth and the elderly were identified. It was discussed that currently, individuals with both insurance and financial resources seek health care services outside of the area. This presents problems for retaining health care professionals. Some citizens are not currently served because of their inability to pay or negotiate the current system to access care. Debate also focused on pediatric patients. While they may have access to care, there are a limited number of providers. Apparently, services are concentrated on accommodating acute and chronic needs, not on prevention.

Environmental health concerns were discussed, including maximizing clean water and waterways free from pesticides and fertilizer run-off. (The Three Rivers Health District has the most waterfront miles in the state.)

Many participants felt that all of the community health stakeholders needed to come to the table and that collaborative efforts should be made at solving community health problems. Accurate, current data and timely analysis to identify problems followed by specific health education also was promoted. It was felt by some that providers of services were not aware of preventive screenings and education they should be promoting or providing. Most attendees did not have difficulty identifying problems. Financially feasible solutions, given scant community resources, were not easily identified.

Turning Point Northern Virginia Regional Forum - Fairfax

A regional forum was held at the Fairfax County Government Center. More than 1400 invitations were sent to individuals and organizations in Northern Virginia. These entities included private physicians and other health care providers, local health departments, medical societies, human service agencies, community-based organizations, businesses, and elected officials. Members of the planning committee made personal contacts with other individuals and organizations in the region. Advertisements were placed in all the regional newspapers in Northern Virginia, with a special effort to reach minority (i.e. Hispanic and Asian Pacific Islanders) papers.

L. Robert Bolling, Director of the Virginia Department of Health's Office of Minority Health, served as facilitator of the evening's activities. Katherine Hanley, Chairman of the Fairfax County Board of Supervisors, provided the welcome. Ken Billingsley, Director of Demographics and Information Services for the Northern Virginia Planning District Commission, delivered a keynote address on the changing demographics in the Northern Virginia region. Jeff Wilson, *Turning Point* Coordinator, provided an overview of statewide activities. Rabbi Jonathan Katz, discussed the local Prince William Initiative.

For the remainder of the evening, the participants chose one of four breakout sessions about a particular public health topic:

- Availability and Access to Primary Health Care Services
- Control and Prevention of Cancer, Heart Disease and Other Chronic Diseases
- Air and Water Pollution and Other Environmental Health Issues
- Control and Prevention of AIDS, TB and Other Communicable Diseases

Common themes across topical areas included:

- The importance of maintaining a public health infrastructure with oversight responsibility for public health services. Public health should have responsibility for the medical care for the indigent or uninsured. Health departments need not necessarily deliver the care, but should assure than these persons have access to the same high quality care and treatment as those with insurance.

- The need for public health education.

- The need for public health to develop partnerships with a variety of private companies and businesses, other public agencies, and community-based organizations.

- The demographic diversity of the region presents special concerns for the design and delivery of future public health services.

- Public health services should be driven by the needs of the locality, and citizen Advisory Boards should be established for each health district.

- The need for additional support for public health activities.

Below are the findings from each of the break-out sessions.

1. Availability and Access to Primary Health Care Services

   Affordability of care for the under-insured, and uninsured/working poor was seen as a critical problem. Successful access to primary care would require different strategies for different populations (youth, elderly, mental health, substance abuse). Characterized by the diverse population demographics, language and culture issues were viewed as serious concerns for the future design of a public health system in the region. Transportation and hours of operation would continue to be barriers to primary care services.

   Participants felt the need to promote public health in both the political and community arenas. Many elected officials and the general public were viewed as unaware of the vast array of public health services available in their respective communities.

   Public health data was believed to be neither readily available nor easily obtainable. Participants thought that localities should take on more responsibility and accountability for public services through the support of continued education for public health workers, improvements in technology (i.e., computer equipment and tools), and on-going education of the public about public health's role in protecting the community's health and environment.

   In summary, participants felt that the public health system should be designed as a coordinated effort to educate the public, assure primary care services, and conduct primary prevention activities, and that programs should be based on a community's needs and resources.

2. Control and Prevention of Cancer, Heart Disease and Other Chronic Diseases

   The participants believed that greater input was needed from the community regarding critical concerns related to chronic diseases. Individuals commented that public health has no priority focus, that there was no clear public health

message from the Virginia Department of Health, and that services were crisis-oriented, not proactive, and not focused on prevention.

It was felt that a massive media campaign should be developed focusing on health promotion, with its message prevention-focused and proactive. The process used to develop the message should include the target audience (for example, kids in public service announcements).

Participants also stated that there is an obligation to promote good health habits in public schools, and a need for adequate funding to support public health services.

Those in this break-out session believed that accountability for galvanizing public health services should rest with parents, those who have the financial resources, the government/public sector, employers, insurance companies, and any individuals who want to see public health services in a community. Participants also felt that public health professionals often lack training to deal with the variety cultural beliefs and practices and languages expressed in the Northern Virginia region. They stated that the Virginia Department of Health should provide training in these areas.

3. Air and Water Pollution and Other Environmental Health Issues

The public lacks knowledge about environmental health. Participants also felt there was a need for greater personal responsibility in addressing environmental concerns. Priority areas were the pollution of streams and the Chesapeake Bay, and watershed problems related to rapid development in Northern Virginia. The fact that development also contributes to increased traffic as the population in the region grows, was discussed, as well as the link between population development and noise pollution. Other environmental concerns reviewed included the increase in the incidence of allergies and asthma, especially from home pollutants.

It was stated that environmental health programs were not viewed with the same priority as other public health activities, and there was a lack of political awareness about the importance of environmental health. Participants believed that health promotion should include environmental health issues, that environmental health should be incorporated in school curricula from kindergarten through 12^{th} grade, and that public health staff should help design the course work. Materials and literature in non-English languages and special outreach efforts to various cultural groups would be a must.

The group felt that local planning and zoning departments should consult with public health departments when considering development applications, and that environmental health staff should work with developers, local governments, and the education system to address concerns. Participants felt the public health agencies should have oversight for environmental concerns, but not necessarily the provider of all environmental health services. Their view was that final accountability rests with local government.

It was recommended that a multicultural public health educational initiative, including environmental health, be developed, and that health promotion should be "mainstreamed" into environmental health training. Participants believed that partnerships should be developed between environmental health and local school systems to educate children about environmental concerns, and that it would be important to either develop stand-alone environmental health curricula or include environmental health in math, science, history and other course curricula.

Finally, participants felt that environmental health data systems needed to be improved, and should include components for air monitoring, and electronic field inspections with capacity to upload data from the Internet.

4. Control and Prevention of AIDS, TB and Other Communicable Diseases

Participants were concerned about the reemergence of diseases (i.e., tuberculosis, measles) that had been thought to be under control. It was discussed that illnesses previously thought to exist primarily in hospital settings were emerging in the community and traditional antibiotics were ineffective in treating these illnesses. Concerns were voiced that most people do not understand the need for community approaches to disease prevention, nor do they have an understanding of specific public health core functions. Group members discussed that, with communicable disease control, there is a need for community buy-in and commitment to address public health concerns.

Participants discussed that Virginia lacks an adequate surveillance system to monitor or track disease outbreaks. They saw a general lack of medical follow-up for patients with communicable diseases once those patients left their medical treatment. Group members believed that improved dialogue between public health officials and private physicians was needed, along with adequate funding to test and treat the variety of communicable diseases rampant in communities.

Considerable discussion centered on the need for resources to conduct major community-wide media campaigns about communicable diseases. Participants

were interested in developing a campaign providing credible and explicit educational messages. The pervasive attitude in the community that "kids do not have sex," and thus, there is no need to educate or provide prevention activities, was discussed. Participants felt that stronger links to the faith community were critical.

Communication issues were of major importance in Northern Virginia. Participants felt that there was a great need for public health officials and other health care providers to get cultural competency training and better reflect the region's diversity. This training would improve understanding of how the diverse populations compare their respective views of health and health care practices to the United States healthcare system and practices.

Issues related to cost reimbursement for prevention services were identified. Participants believed that insurers were less likely to pay for treatment of sexual partners infected with a communicable disease, and therefore this group was referred to the public health departments for care. Notwithstanding, participants stated that the community should demand that individuals take personal responsibility for their behavior and their health, particularly related to the transmission of HIV and AIDS.

Although public/private partnerships have become a buzz phrase, there was seen to be a general lack of understanding by either entity about the operations of the other. Two distinct sectors still exist, and the "we" versus "them" mentality was viewed as pervasive. It was discussed that business and the public sector still speak different languages, whether it's the need to make a profit, or the altruistic desire to provide a service regardless of one's ability to pay, and that, often, statutes prevent the implementation of public/private partnerships. For example, public health departments can be prohibited by law from accepting monetary contributions from private businesses.

Participants believed that the health department should be empowered and have the authority to protect the public from the spread of communicable diseases. This authority should also have a specific health promotion and disease prevention focus. The entire community has a role in developing policies and strategies to reduce communicable diseases.